CHANGING PATTERNS OF PUBLIC HEALTH AND NUTRITION

Medical Missionary

SEPT.- OCT.
1960

Published by the
MEDICAL MISSION SISTERS
Society of Catholic Medical Missionaries, Inc.
PHILADELPHIA 11, PA.

VOL. XXXIV, No. 5 September-October, 1960
Cover: HOME VISITING, SOUTH AFRICA
Editor: Sr. M. Angelica; *Business*: Sr. M. Kevin
Art: Sr. M. Lawrence, Charles Madden

the medical missionary

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The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D., in Washingtan, D.C., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. American Provincialate: 8400 Pine Rd., Philadelphia 11, Pa.

THE MEDICAL MISSIONARY IS PUBLISHED BI-MONTHLY WITH ECC. APPROBATION BY THE SOC. OF CATH. MEDICAL MISSIONARIES. SUBSCRIPTIONS, $2.00 PER YR.; 2 YRS. $3.00; 5 YRS. $6.00. SECOND CLASS POSTAGE PAID AT PHILADELPHIA, PA.

Photo Credits
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FOR MISSION SUNDAY

WHAT GREATER PERIL IS THERE FOR THE WORLD THAN NOT TO RECEIVE CHRIST?

Saint Hilary.

In the Lord's prayer, we say daily to God: "Thy Kingdom come." The world exists for that end alone. Hence one question is all-important in the history of mankind: What stage has been reached by this reign of God here below? How is it with the evangelization of the world, confided by Christ to His Church for all time? We cannot ignore that crucial question.

The reply may be expressed in a few figures. Twenty centuries after the coming of Christ, the earth is peopled by 2,440 million human beings; of these, 472 million are Catholics, that is, roughly, 20 per cent. The non-Catholics amount to nearly 2,000 million.

That figure as we know, haunted the nights of His Holiness Pius XI . . . So much for the present day.

With regard to the future, we must take one fact into account: Catholic births amount to 5.4 million annually; while the non-Catholic world increases by 22.3 million during the same period, which means that, for one Catholic born, four non-Catholics are added to the population of the earth . . .

But perhaps the Catholic "bloc" is rich in vitality and the power of expansion?

Let us consider the Catholic total again: roughly 500 million; and examine it lucidly and with courage.

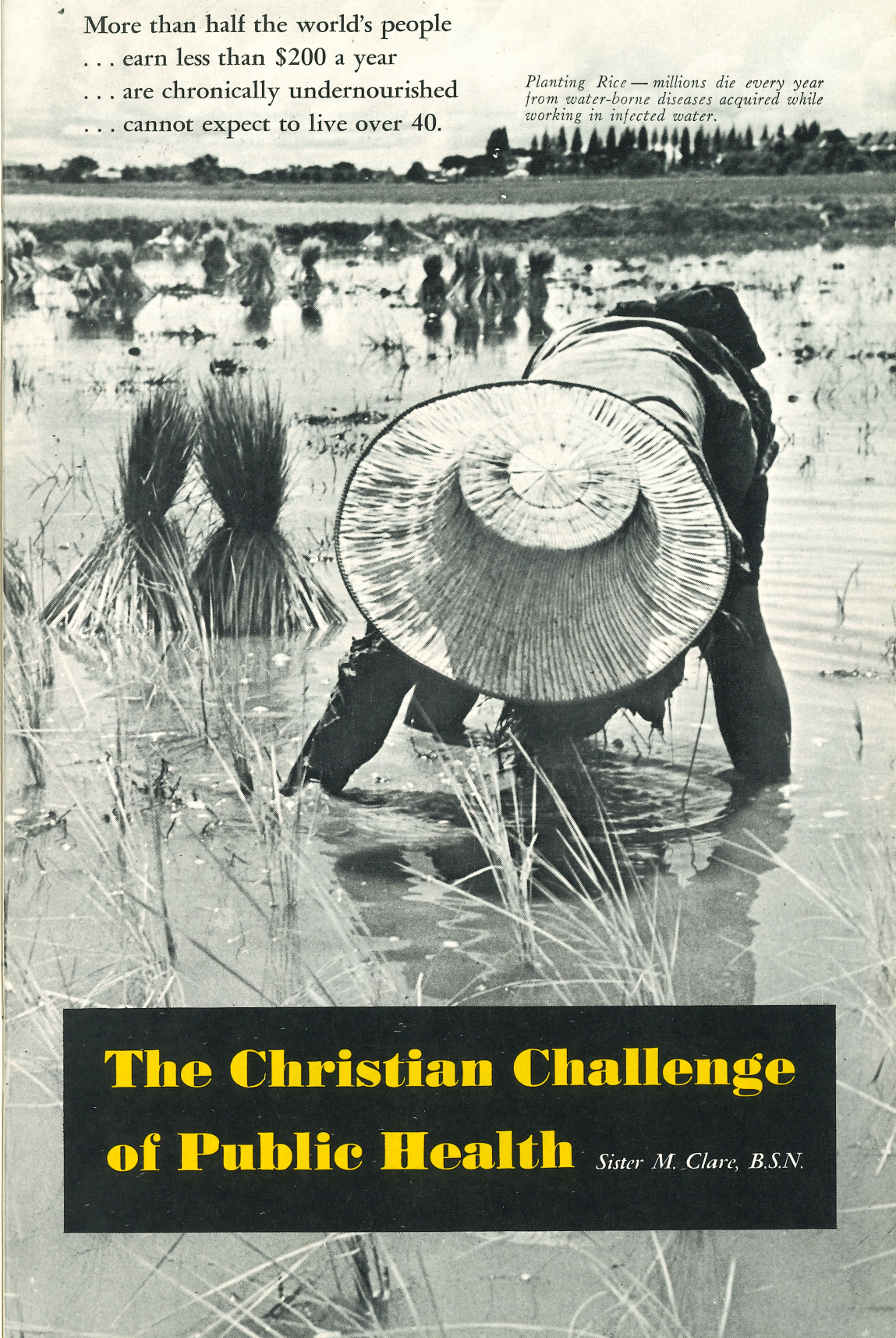
This figure includes countries which are nominally Catholic: Belgium, France, Italy, Spain, Portugal, Latin America. The religious situation in these countries may be painted on a Rembrandtesque canvas, with contrasting light and shade. We do not contest the luminous aspects of the picture, rich in hope, especially among the *elite:* we merely say that there are dark shadows too. Some recent studies on the practice of religion in those countries invite reflection. Even without considering the result of these enquiries, anyone may have ocular proof of the progress of materialism, of laicism, of religious indifference, of the relaxation of the moral code.

These facts all force us to the conclusion that an immense apostolic effort is urgently necessary if we are willing to obey the order of Christ and announce the Gospel to every creature. For it is indeed an order and it must be obeyed; therefore it can be obeyed, for God does not command us to do the impossible. It goes without saying that this order of the Master's does not interfere with the liberty of those who accept or refuse the Message. God's command is "to go," "to preach the Gospel," "to teach all nations," "to knock at the door." He does not state precisely how often, or to what extent, men will receive the Message.

If after twenty centuries of Christianity, the situation is what it is today, the fault is not God's: God has not failed men; it is men who have failed God. We have not given our measure, "good measure and pressed down," of human collaboration with His indefectible and faithful grace. The figures cited above show that Christians have not understood the need and the extent of their duty to be active apostles. They have not realized that it is their part, with God's grace to set the world on fire.

✠ Leon-Joseph Suenens
Bishop Auxiliary of Malines

More than half the world's people
. . . earn less than $200 a year
. . . are chronically undernourished
. . . cannot expect to live over 40.



Planting Rice — millions die every year from water-borne diseases acquired while working in infected water.

The Christian Challenge of Public Health

Sister M. Clare, B.S.N.

THROUGHOUT the world, an URGENCY is emerging from nation after nation to reach a sure goal. To some, the goal is not clear, but the drive is there to forge ahead—to stand on their feet—to lead their people according to their own lights and their own decisions. Individuals must be given that chance to choose their own way of life, accomplish their ends, and exalt in the achievement. This is human. This is good. This is how God wanted it to be. And if each of us genuinely wants the world to rise united in economic stability, there is no more desperate need in which to channel our drives than the cause of people's health or *Public Health.*

This URGENCY is being experienced among all the developing nations. Countries are progressing—some slowly on their own initiative, and others somewhat faster due to the helping hand of sisterly nations. Communism whose promises loom high, whose communes boast of statistics; whose bitter end—a curtain high and broad and all encompassing—shrouds them in the darkness of deceit and deception.

Public Health—Making People Healthy

And so it is only too obvious that of all the aspirations facing the world today, perhaps none is greater than the need to change existence into living, and living into human achievements for good. This is the motivating force in all Public Health effort in Asia and Africa today. Public health problems in underdeveloped countries cover a wide

Leprosy — still widespread in the world today. Not less than a million and a half in India suffer from it. In parts of Africa it presents a real public health problem. The discovery of the sulphones has brought new hope for those stricken with this disease.

range: communicable disease, nutrition, maternal and child health, family health, sanitation, health education and training of health personnel. More and more mission hospitals are being regarded not only as centers for curative medicine and surgery, but also as bases for health work and preventive medicine.

Where shall we start? Let's just take a glance at the whole world and look at facts. The population of the world today is 2,691,000,000. Out of this, 200 millions are behind the iron and bamboo curtains, so our chances to help them are nil. Remaining are 2,491,000,000, one billion and a half (85%) of which are surviving at existence level. If ever the word URGENCY rang true, this is it. We must help our brethren get into physical shape, if we expect the world to get into economic, political and social shape. The challenge is ours. To the credit of America, it must be said she is facing these responsibilities. But the task is giant-size.

Poverty and Nutrition

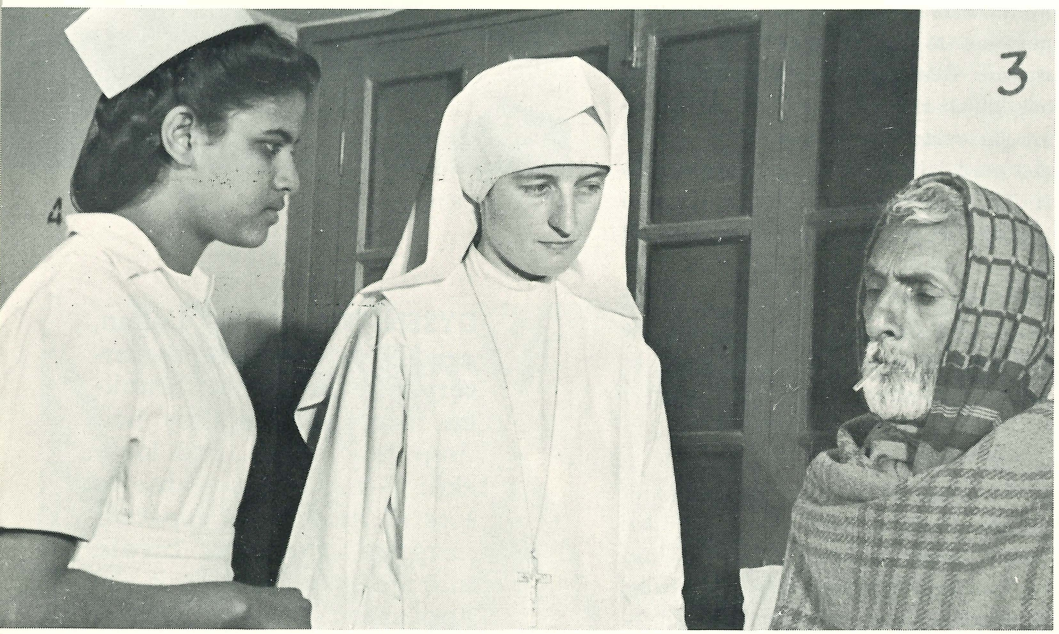
What can be done about it? First of all it's common sense that the initial step is to try to feed the people. Until we have raised the standard of nutrition in many parts of the world we shall be severely handicapped in the struggle against disease. Poverty and ignorance, the cause of most of mankind's ills when applied to nutrition, have different meanings in different places and different cultures. To us, poverty means not having enough money to buy food. Yet, in the underdeveloped countries two-thirds of the people grow their own food. To them poverty means insufficient land to grow food, in densely populated areas; or poverty of tools, as in

DYSENTERY. Ram Lakan, aged 9 months, has dysentery. Flies cover her shrunken face (just as they had done her milk!), and loose skin — her body — due to loss of fluid from constant purging. Gasping breath and sheer exhaustion is the appearance which meets the doctor time and time again. "If only they had come earlier!" A preventable death—in fact a large killer, in that 50% infant mortality rate. But how can we blame mother? She has never had a *chance* to know differently. Life is cheap. Fate is hard. This is the world we *can* change through health education.

many parts of tropical Africa and India where wooden implements of bygone days are still used. Poverty means for these subsistence farmers — a lack of health, and strength and stamina partly as a result of debilitating diseases — hookworm, malaria, bilharzia and partly because of life-long malnutrition. These people unaided, are trapped into a vicious cycle of poor health, strength, poor yields from their fields, and malnutrition from generation to generation.

At the moment, 18% of the people of the world are consuming 80% of the food. To rectify this unbalance takes more than sharing surpluses. There is an URGENCY to find ways and means of increasing food production in the areas where it is needed. Ford Foundation recently sponsored a very thorough and extensive study on this problem in India, approaching it with the help of experts in sociology, geology, agriculture, methodology, water supply, etc. The committee came up with the most encouraging answer: there was plenty of potential in India if utilized, and enough even to *export* if techniques can be employed URGENTLY.

Training of Health Personnel is being given a high degree of priority in government health programs today. Below, Sr. M. Kathleen instructs a Pakistani nurse, Rawalpindi, W. Pakistan.



The Fight Against Disease

Disease is rampant. Mortality rates are high. Controls *must* be found without delay to eliminate the causes. *Many* of the ills are deficiency diseases: rickets, cirrhosis, osteomalacia (softening of the

bones), vitamin deficiencies, tetany, secondary anemia. While on the one hand it is essential to provide more food, it is equally important to make sure the people know how to choose the proper kinds of food to make up a balanced diet. Technicians therefore are needed who will help these countries to get adequate food out of their own soil.

This is being accomplished to some extent on an international basis between governments because of the large budgets required and necessary over-all planning. A few private groups have undertaken Rural Institutes or small scientific farms all of which help to reach and teach the individual farmer. But the greatest part of the burden must be carried by governments.

World Health Organization and UNICEF have provided a matching service to enable nations to work together in carrying out these programs so that the technicians and finances can be used to best effect—scientifically investigating the diseases and circumstances in each country, and discovering the more effective ways to meet the problem. But the need is greater, and more widespread, and deeper than they and governments can cope with.

Water and food borne diseases, particularly the dysenteries, typhoid and cholera can easily be reduced drastically once health education becomes widespread enough. But this is again where the matter becomes URGENT. Unless more of us without delay get on the job and join a systematic team, the hour will be late.

The People Must Be Won

It is not always so simple to accomplish the teaching of health because it

HOOKWORM. A puffed up face, swollen body, dead white pallor, and a racing heart . . . this is little Shirin, age nine. After a few weeks of good food, and tonics, she gains enough strength so that the hookworm can be treated. Unless this little animal is removed from her body, this little girl will soon be back in a bad way. Preventable disease! But how would her mother know? She's never had a chance to learn how to avoid this dreadful infestation.

Maternal and Child Welfare Programs. Child-bearing and rearing are almost everywhere deeply influenced by age-old customs and taboos. Here, Sister M. Frederic, M.D. visits an Indian mother and child in their own home.

Health Education activities are necessary for mass education of the public on certain techniques for their benefit. Above: an Anti-tuberculosis campaign in India. The sign says: "Bring your children for innoculation against T.B. Innoculation is completely harmless."

must be remembered sympathetically, that in the struggle for development many of these countries still have an illiteracy rate of 85% or more. They cannot read about health, they must learn by seeing things done; they must do it themselves. To offer them the means to attain better health in the way we think best, is not always the way in which they choose to accept it. Herein lies the greatest challenge. Outside approaches to bring better ways of eating and living must be presented gradually, gently, patiently and understandingly.

Private organizations such as the Catholic Relief Services and the World Council of Churches have contributed in no small way. The former is making outstanding efforts to not only provide large amounts of milk, wheat, rice, etc., but to use these especially in connection with organized Catholic Public Health programs. There must be intelligent, organized thought-out plans for utilizing the technical and financial assistance to the Public Health effort. The hour is URGENT. Greater efforts must be placed in Catholic organized Public Health measures. Missionary societies, as well as non-missionary societies; lay missionaries, religious and lay, all must join the effort.

Getting down to local effort, in areas where it is needed, it becomes this:

1. More hospitals and more doctors are needed in developing countries.

2. Every hospital must become a Public Health Center—preventive measures become as important as curative.

3. More Schools of Nursing must be established where there is integration of Public Health in the basic curriculum,

T.B. Preventable Disease. Bishun, father of a large family, unable to work because of extreme weakness, cough, and loss of appetite, spitting blood, comes to the hospital "just for medicine." X-ray reveals one whole lung involved. Bed rest, good food, and medication and in four months Bishun is home again, still resting, but being watched by Sister Carmela. Another victory over illness; but more important, the check up on the rest of the family. A preventable disease, but how would Bishun know? No one ever told him how to avoid it?

thus producing the multi-purpose nurse equally efficient in hospital or home.

4. More—many more—rural centers must be established where health teaching can be utilized—group and individual instruction at all levels—and preventive measures can be utilized.

5. More qualified personnel, doctors, nurses, dentists, teachers, must serve in these areas until the national programs of education and recruitment catch up.

6. More interest from all of us must be shown in the desperately urgent necessity to bring health to PEOPLE—especially in developing countries.

Public Health then in the true Christian sense means coming down to the level of the common man so that like the Good Samaritan, we may give him to drink of the wine of our knowledge. Slowly will he be drawn *up* to higher standards where he can enjoy the blessings of health, a better way of life—a more human way of life. This is the challenge of the Church today. *The Charity of Christ urges us.*

OSTEOMALACIA. Fatima, mother of six, anticipates difficulty with her seventh, and comes to hospital. Baby is finally delivered by Caesarian Section. A contracted pelvis — which formerly was perfectly normal. Why this sudden change? Osteomalacia—softening of the bones, due to calcium and Vitamin D deficiency. Fatima is already bent over due to collapse of bony tissue. This deformity could have been prevented. No one ever told her what a balanced diet really was.

R. I. P.

Please pray for our benefactors recently deceased:

His Eminence, Pietro Cardinal Fumasoni-Biondi, Vatican City, Italy. (Prefect of the Congregation for the Propagation of the Faith)
Archbishop Nicholas Kujur, S.J., Ranchi, India
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Msgr. Bernard McKenna, Philadelphia, Pa.
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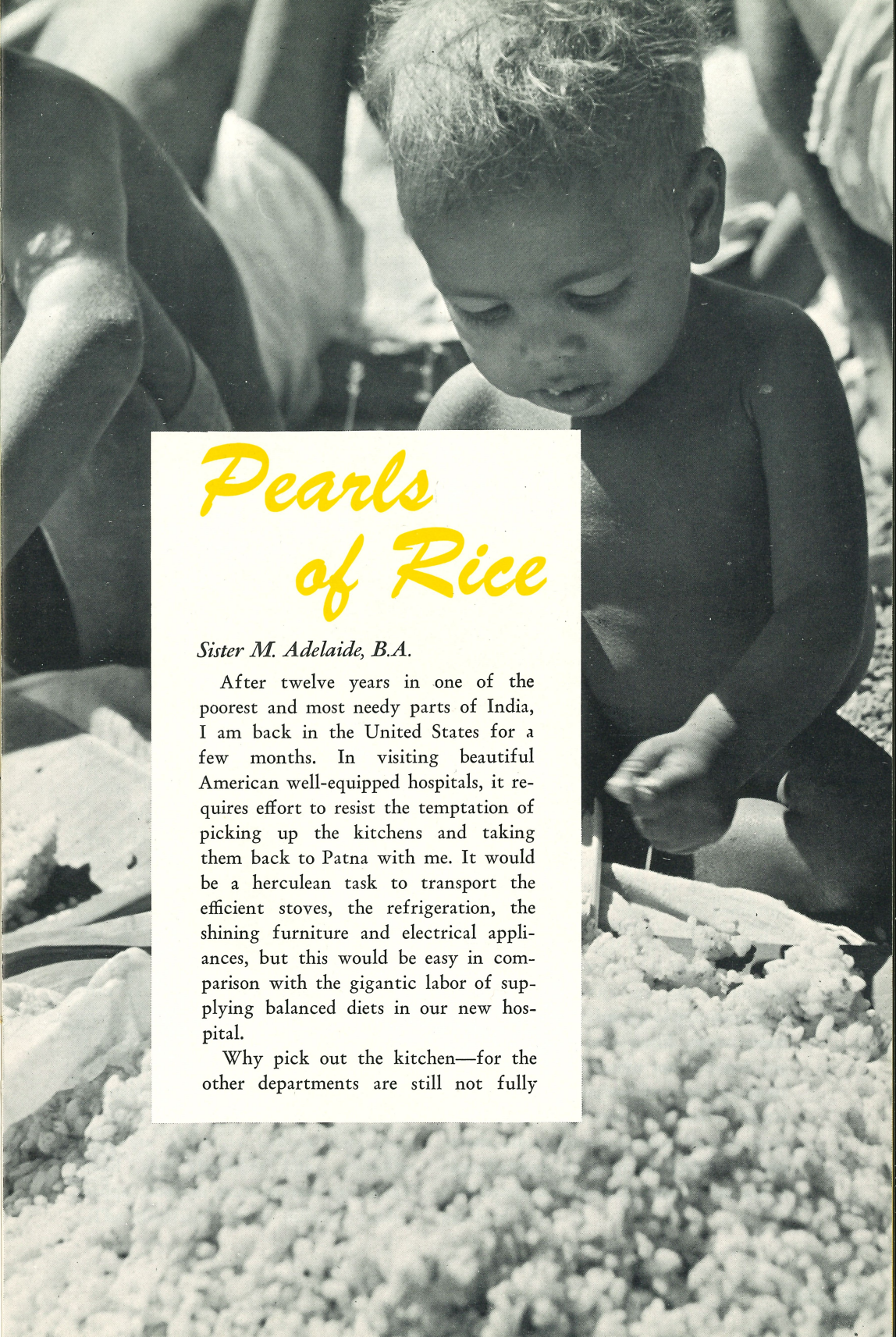


Pearls of Rice

Sister M. Adelaide, B.A.

After twelve years in one of the poorest and most needy parts of India, I am back in the United States for a few months. In visiting beautiful American well-equipped hospitals, it requires effort to resist the temptation of picking up the kitchens and taking them back to Patna with me. It would be a herculean task to transport the efficient stoves, the refrigeration, the shining furniture and electrical appliances, but this would be easy in comparison with the gigantic labor of supplying balanced diets in our new hospital.

Why pick out the kitchen—for the other departments are still not fully

equipped? For the simple reason that running a close race with preventable diseases in India caused by omnipresent parasites, the worst infections are those resulting from unsanitary food and drink.

In his book "Geography of Hunger", Josue de Castro summarizes in a scientific manner, food habits in India. Staff, nurses, patients are all victims of age old food habits. The American Indian had his maize or golden ears of corn, the Tibetan had his barley flour, the southeast European—rye, we have our wheat and potatoes. Carbohydrate forms the bulk of the poor man's diet in the world today. Except in the extreme north of the country, the Indian has his rice.

Each grain of rice is a pearl of great price. From the time it is tenderly planted and transplanted in its water bed, threshed and cleaned in the home, until it falls into hungry mouths at the family repast of the poor and the rich, it requires infinite care. It has become their way of life. Yet, one cannot forget that the absolutely essential harvest, year after year, is at the mercy of too little or too much rain. During a famine, rice eating people can starve with wheat in front of them, so accustomed are they to these pearls.

Rice—what does it give to the people who consume it? Almost invariably it provides a diet exclusively vegetable in origin, scanty in quantity, and extremely monotonous. Those who eat it are hungry for protein, minerals, vitamins. Of all the grains, its protein content is the lowest. Those who have lived exclusively on a rice diet for generations are short people—retarded in growth, and reduced in stature; their bodies have little resistance to infection. In the past, climate has often been blamed for social conduct which is actually the result of food habits—lethargy, inefficiency and indecision.

And rightly the Indians love their rice. One can easily acquire a great liking for it. In the hospital kitchen it is prepared with great care. The Indian cook with his open fireplace, soft coal which puts a coat of black soot on everything, seems to have no problem. But in our new hospital kitchen with a spotless stove burning hard coke, we found it impossible to provide the noon meal of rice on time. There was no money for the necessary electric steamers. The stoves could not bring sufficient water to a boil and cook 100 pounds of rice, and still leave space for special diets and other dishes. And the morning, four large pans of rice were brought into the power house of the hospital and the Hindi engineer was asked to change his occupation to that of cook, he probably got a terrific shock.

To speak of diets in India is as broad as to speak of languages—they are as varied as the races and religious sects who use them. Religion has played a predominant part in the food habits of the people. Strict Hindus do not eat meat, fish, eggs. Their only source of animal protein is milk, butter and dhai (curds and whey). The millions of undernourished animals in the country cannot supply milk for the poor, and the average Indian is poor. Curry, which is fried or stewed vegetables, and hot spices, is the ordinary accompaniment of rice, except for the very poor. Fresh or moderately cooked vegetables are quite unknown, and definitely not liked. Variety or temperature in food, appar-

Transplanting rice, India. Half the people of the world depend on rice as the main food for their meager diets. Of the 210 million acres of rice grown throughout the world today, more than half are cultivated in India and China. The United States Department of Agriculture estimates that one and a half million pounds of rice are wasted every year at weddings in the U.S.

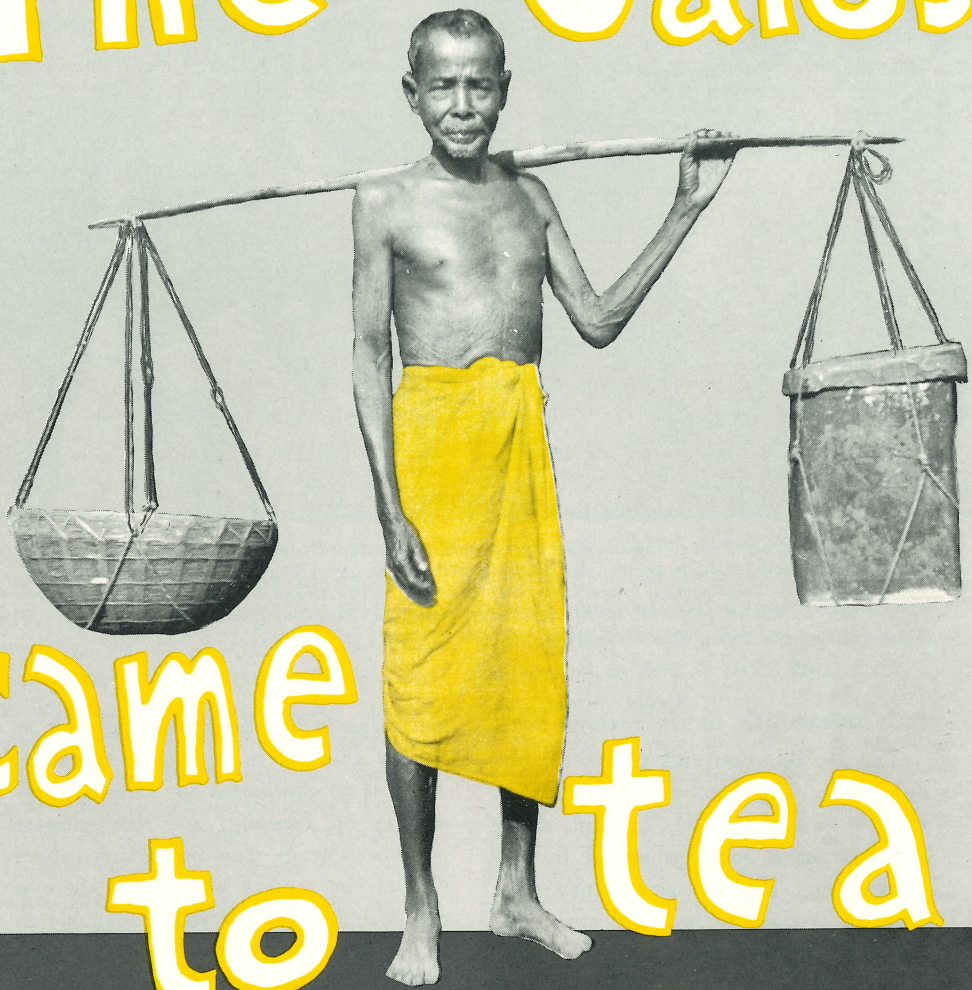
ently means little to the average taste.

The Muslim uses and sells beef, but not pork. The non-orthodox Hindu may eat goat meat. The Christian, whose ancestors have been influenced by the surrounding religious taboos, may have an inate aversion to beef and pork. The Sikh with his fine physique is a typical example of the change in race when a high protein diet is taken—they use wheat and animal proteins. The Anglo-Indians and Goans cook in Western style, with more or less seasoning. The people must learn (and we aim to instruct through our graduate nurses) that more than rice and a bit of dhal (similar to boiled dry peas) is required to nourish them.

The dietitian's most difficult problem in an Indian hospital is the lack of variety available in fruit and vegetables. There is no equipment for canning, preserving or freezing, and the climate permits storage for only very short periods. In a place like Patna, there is no local demand for foods available in larger cities. We certainly need a deep-freeze and huge ice box for this new hospital.

Feeding the peoples of the world is an international, a national, and a personal problem. Death and disease so prevalent in India has its roots in poor nutrition, hunger, semi-starvation. Education, scientific advancement are necessary to teach the peoples of the East to prefer a balanced diet to their polished pearls of rice.

The Garos came to tea



Rev. Vincent Delavey, C.S.C.

As I had done for several weeks running now, on Friday mornings, I scrambled up from my creaking cane bed in my rodent palace of Srimangol; hurried through the bare morning ablutions and scooted off through the empty bazaar where only a stray, mangy dog or three objected, to the ill-lit R. R. station which was slowly rising from its slumbers to greet the morning "Sylhet Mail Train". But this day it carried more than mail for the Holy Cross

Fathers' new mission among the Tea Estates in Sylhet, East Pakistan. On it were some sixty more uprooted Garos, (aboriginal people from the Garo Hills) uneasy and apprehensive, coming to tea.

The hooter on the engine warned us two miles down the line it would surely arrive soon. The nondescript station with its nondescript staff came suddenly alive. The telegraph key in the Station Master's office began to chatter; the Master himself commenced to shout orders; muttering men with their longhis (native loin cloths) girded high took off in haste down along the tracks with the hand lamps swinging at their sides. If the day would only break a little faster, I could be more sure of getting all sixty Garos down from the train in time. Suddenly the train's big light spotted us, gave a last grand sigh and wheezed in for a halt in front of us.

"*Mandee-rang! Mandee-rang! NAMAO, NAMAO*", (Garo folk, Garo folk, get down, get down) I shouted running along beside the crowded cars. Out of the confusion of heads came contact. "Father *ribajok,* Father *ribajok, tingri-tingri!*" (Father's here, Father's here, quick-quick). They had spotted me and out they tumbled. Their small hold-all bundles, old pots and pipes, Mothers and babes securely tied to their backs, whining youngsters rudely ripped from their sleep, old *bhuris* (women) puzzled how to lower themselves from a train! All jabbering, hurrying and checking. We have a quick count-down. Two youngsters missing! The guard is flashing his light and tooting his whistle, anxious to be off. But the missing are found in time and now the count is right.

With the help of Lal Master we marshaled the group and their all, and carefully picked our way over to my tumbled-down, bamboo shack. In the wee patch of jungle and by the small tank behind our modest estate they quickly straightened themselves out. Lal already has the sacred vestments all nicely laid out on the altar, my clothes box on stilts, in the middle of the bamboo presbytery. When all had gathered round I vested. Though still early morning the air was decidedly warm and heavy. They jostled a bit for squatting space, the women and children on one side, the men and grown boys on the other. Before the start of Holy Mass I turned to talk to them:

"My dear Garo friends, I have invited you to come to work and live in the Tea Estates that life might be a little easier for you. I invited you because you and your families were landless and so often hungry at home. From my five years of stay among you how many times were we not hungry together and to your embarrassment and shame! But here, I promise you if you are really willing to work faithfully, you will eat every day and twice a day. Disease, and hunger your worst enemy, will be driven away. Nor will you be altogether orphans here; your Church and Fathers are right here in your midst to serve you. Here you can now win opportunity to save both body and soul with some measure of happiness, a happiness you never quite knew before. Here, my dear friends, you can begin a new way of life.

"I know well what you are thinking in your hearts. I can read it even now on your drawn, hungry faces. 'I have left my country; I have left my kins-

folk. I have turned away from the graves of all my ancestors; I have been uprooted!' Yes, these are thoughts that tear you and fill your eyes with tears. But, my friends, do weigh against these sad thoughts all those riceless days, those starving days that robbed you of your young ones, those foodless days that so often drove you to the jungle in search of roots and herbs which too many times harmed you; that land that so

Garo women, aboriginals, plucking ripe tea leaves on the Tea Garden Estates of Sylhet, East Pakistan. Whole families of Garos were transplanted from the Garo Hills to the Tea Gardens.

often to your shame gave you so little to wear, that gave so miserly to shelter you, that offered only drops of happiness even when you were well and no help when you were sick! All this, I say to you again, weigh well against all the sorrows of your leaving and soon you will come to understand how wise you are acting toward yourselves and families. Our whole idea is only to help you and not to hurt you, to help save you both in body and soul—and all this only because we love you much in Our Lord.

"And now during this Holy Mass let us pray to Jesus together through His holy Mother that we will understand what is better for us, that the many small hardships of this new beginning will not discourage us nor drive us back to another hungry home."

Holy Mass began. Master Lal led the group according to custom through the sacred service. The Sanctus bell brought them straight up from their squat to their knees. But not all! One young lady, either because the sermon was too long, or she had travelled far too far, was busy in back of the bamboo hut giving birth to her first born. Yet the Mass went on as usual and only those immediately concerned, who sheltered her, missed its sacred beats. In fact, it was only when the prayer for all our Mission Benefactors had been recited and the sacred vestments laid aside that this blessed event came to our attention. This wee one we baptized *Prima* because she was the first to be born away from home. Luckily it was a girl. For the Garo woman, the greatest misfortune is

to have no daughters. The reason for this is that the Garo tribes are matriarchal and all property is passed from mother to the youngest daughter.

An hour later, according to plan and schedule, the two Tea Garden lorries rolled up to transport the group to their new home, to their new way of life. On arrival all found new bamboo huts awaiting them. At once food supplies were handed out and fires began to crackle. All were really hungry after two days on the road and every effort turned to getting the fullest meal ready that they had ever had in months.

To this group add another twenty similar groups who were eventually settled in among the Tea Estates. Naturally complaints, childish and otherwise, were not long in coming. Every crowd has its critics. The settling-in phase demanded all the courage and prayer we could muster. Of course the industrious ones took root quickly and never looked back. But the regimentated life, so foreign to their carefree past, was a stumbling block for many and the downfall for not a few. Yet, with constant vigilance and encouragement, complaints died away only to be reborn of an evening to become the subject of jokes and amusement.

Gradually the Garos 'dug in' to stay. Men and women began to cultivate small plots offered them for growing vegetables and rice. Goats and even the odd cow appeared in the settlements. But the real proof that they were here to stay came when they buried their own dead and did not revolt. The passing days brought more contentment and more *birris* (country cigarettes). Cash in every hand at the end of each week was a positive new thrill. They, who knew only of trotting heavy loads to the bazaar for bartering, now empty-shouldered, sauntered along, carefree and easy, with ready cash knotted in their clothes. With the months their smiles grew in size and their laughter took on a healthy ring.

Six years ago when this project began I was working on a dream. Time has now given it substance and the good Lord has blessed it well. Not so long ago the largest group called me to make sure I realized how appreciative they were of new life and home. They presented me with a hundred rupee note of thanks—which is a tremendous token here from the poor.

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5 years $6.00

Name .....

Street .....

City ..... *Zone* ..... *State* .....

The Drama of Kushi Lal . . .

Sister M. Daniel

The time was dusk. The place was the Holy Family Mission Hospital in Karachi. An emaciated baby lay listless on the examination table. While Sister M. Grace, M.D. examined the nursling, the mother related what she knew in a low, trembling voice:

"Kushi Lal was born in Punjab nine months ago. We moved here shortly after his birth. He was never very well. Now he doesn't retain any food, not even fluid. When I feed him he vomits. His discharges have been almost continuous for the last few days."

Sister Grace looked at the bony child with large sores covering his skin and acknowledged the mother's information with a murmur. "Too bad we didn't get him sooner." With a head lamp, she saw that one eye was already blind and the other half covered by a small cataract. She shook her head. Everybody in the room understood—the baby would probably die.

The diagnosis was extreme marasmus, a severe form of malnutrition which means progressive emaciation and withering away of flesh. Nobody wanted it this way, to be sure, but Kushi's father, Lal Nahtu, earned only Rs.65 or $15 a month as a sweeper and he had a family of eight to support. They lived in a one-room mud hut in Lalukhet District, a suburb of Karachi. Their food was based on quantity to fill the empty stomachs, and not on quality for nourishment. However, both Kushi Lal's family and the hospital staff did not give up hope. Kushi's mother, Jauhran, came to visit her baby every day.

Kushi Lal's mother and two sisters. Nahtu, his father, makes only $15. a month. The whole family of ten live in a one room mud hut. Kushi Lal had Marasmus, a severe form of malnutrition.

When first admitted, Kushi Lal looked literally like a little old man. Three months later he began to show signs of recovery. Slowly, but surely, the Sisters began to feed Kushi. At first this had to be done by injections of Vitamins A, B, and C, and subcutaneous fluids. Gradually Kushi improved so that he could take nourishment by mouth. But Kushi's road to recovery was a very rough and bumpy one. He would improve for a while, then have a relapse again and again. But eventually Kushi won the day and began to put on weight. Then the Sisters found out that he could not walk—had never walked—and he could hardly see, as the cataract on his one good eye grew bigger.

Something had to be done to start Kushi walking. The Sisters enlisted the help of friends who several times a week took Kushi to another Karachi hospital for ultraviolet ray and physiotherapy exercises. Miss Zulakha Sobbani, a U.S. trained therapist, a friend of Holy Family Hospital, contributed her free time to help Kushi learn to walk. When this was achieved an eye specialist operated on Kushi's right eye and removed the cataract.

The drama of life and death for Kushi is now over. He will live, thanks to the Sisters at Holy Family Hospital and the hospital staff. Though his future is not yet assured, Kushi, meaning "happy" in Urdu, lives up to his name. He has a broad happy smile for anyone who comes near him but especially for his friends who coddled and nursed him through his dark night of malnutrition.

His Eminence, John Cardinal O'Hara C.S.C.
Archbishop of Philadelphia

MAY HE REST IN PEACE

Festival

Sister M. Brigetta, B.S.N.

India is a land of festivals. There is the dramatic splendor of *Dussehra* representing man's victory over evil; clamorous and noisy *Pongam* with its lavish procession of gods and goddesses, celebrating the return of the sun after the unlucky days of *Margali;* and then there is *Divali,* the feast of myriad lights.

Our Hindi teacher, Mr. Devkar, and his wife and four children celebrate these days to the fullest with all the religious ceremonials attached to them. He tells me, "Divali is our New Year, Sister, when people close up the old accounts and worship the goddess of wealth Lakhshmi so that the whole year may be one of prosperity and plenty. New accounts are then opened." Vijay, our cook, also delights in explaining the significance of the feasts to me and all about their preparations and adds, "just like you celebrate Christmas!"

Divali, one of the greatest of Hindu festivals, celebrated all over India, is observed soon after the monsoons, during October and November, when the harvest is ready and people have more money. Other castes and creeds also participate in it freely, without any religious sentiment attached to it.

Schools and other institutions stage dramas, shows, plays, and mass drills. The whole atmosphere is gay. People drape garlands of marigold flowers, mango leaves, and ears of rice at the doors of their homes, their shops, the temples . . .

The preparation for Divali (row of lights) goes on for months before the feast. People paint and whitewash their homes or re-cover their walls with cow dung and get rid of all the dirt and rubbish that accumulates during the whole year.

The women folk busy themselves preparing sweetmeats and various types of *puris* (special foods). They polish all their brass and copper vessels and ar-

range them in a row with a new look; they tidy up their courtyards, smear them with cow dung, and make beautiful designs with lime or vermillion powders. This is considered hygienic as the lime powder acts as a strong deterrent to germs and thus protects the house from thousands of unwanted intruders.

The Hindu New Year actually begins with the arrival of Divali. People young and old don new clothes, after early morning baths with scented powders, and flock to the holy places of worship. Returning from the temples, they give money and clothing to the poor and needy. Those who can afford it distribute candies and sweets to all. Greeting cards are exchanged between relatives and friends just as we do at Christmas.

Lakhshmi is the goddess of wealth and she is supposed to hate darkness. During Divali nights, therefore, people illuminate their shops and homes with thousands of little oil lamps burning in a row. Every house has its string of lights, candles, or kerosene lamps burning in the hope that Lakhshmi may visit their home. If she does, it means good fortune, and wealth for the coming year. Because of this even the very poor will do without necessities to have a light burning for Lakhshmi. Some people put up various types of lanterns such as airplanes, stars, ships, baby moons, etc. Amid all this one can't forget to mention the joy of the little children. They are engrossed in lighting the loudest and biggest firecrackers possible, and take great joy in burning sparklers and fountains.

After the New Year comes the great feast which is celebrated in honor of the brother which is *'Bhaiya Duj'*. On this day the brother of a sister makes a point of visiting her at her home! The brother gives her a sari and some money in cash while the sister does him the honor of revolving lights before his face, serves him with sweet foodstuffs and greets him warmly.

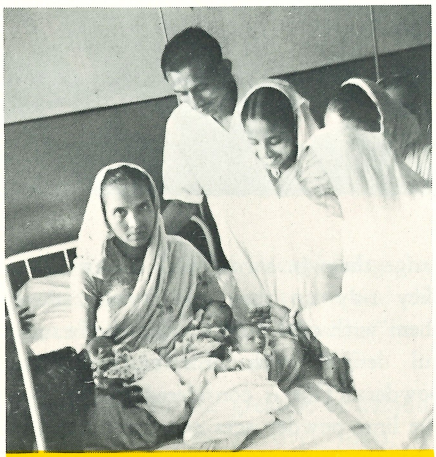
The illuminations and firecrackers continue for ten days, until the feast of the gods. On this occasion a sugar cane root is pierced in the head of a basil plant (sacred plant) and mantra's (prayers) are uttered in honor and worship of the goddess. People beat the drums and cymbals and thus the festival days come to an end.

NEWS FROM

INDIA Triplets

We made a bit of history in Bombay, recently! We had triplets! One of our little mothers in the clinic was sent to X-ray for possible twins, and imagine our surprise and the students' delight when we could see three little heads on the x-ray! Two little girls came first, the first weighing 3 lbs. 13 oz., the second weighing 4 lbs. 12 oz. Lastly came the little boy, weighing 5 lbs. The mother, a Muslim, reigned like a queen in our ward for two weeks and then took the two bigger ones home, coming back for the smallest girl about two weeks later.

SISTER M. CAMPION, S.R.N., *Holy Family Hospital, Bombay, India*



Triplets born at Holy Family Hospital, Bombay, India. The father, a fisherman, was delighted although he had four more at home.

INDIA Trip to Gangtok

The trip of the season was to Gangtok, a perfect gem of a town. It is the capital of Sikhim, an Indian protectorate, and a really clean and spacious city. The royal palace is canary yellow with a turquoise blue roof and the entrance gate is like that of a pagoda and it is scarlet. The guards too wore scarlet doublets and pail-like hats with peacock feathers. On the crest of the hill above the palace is a huge Buddhist temple, a nicer edition of Ghoom but on the same lines. One of the monks was very friendly and he and his little boy let us take pictures. I mean, *he* did. The little boy screamed "blue murder" at our pale faces and all but squirmed out of his stragetically split trousers! We had tea in the home of one of the royal secretaries. His wife made us completely at home, but we carried on all "conversation" by gestures. Sikhimese bears no relation to either Hindi, Bengali or Malayalam; we had representatives of all three languages in our group to no avail! Although it was only 60 miles away, the trip took four hours. But the scenery was out of this world.

SR. M. FREDERIC, M.D., *Holy Family Hospital, Kurji, India*

OUR HOUSES

AFRICA Snake Steaks

Yesterday, one of our ex-patients, returned to show us a huge puffadder (snake) he had shot in the bush. He dragged it all the way with a vine tied behind its jaws. The track it left on the road was every bit as wide as a car tire track. Its length, flat on the ground appeared to be about four feet, but when it was lifted it seemed to stretch out about three feet more. The patients feasted on snake steaks!

Today one of the men killed a green mamba about six feet long near Doctor's bungalow. I just read that mamba snakes are aggressive to man and often strike without apparent provocation, and at times even pursue their victims. They also drop out of trees . . . We don't have to go all the way to the bush to see that. A few weeks ago Sister M. Antonia was standing on the veranda talking to the Berekum tailor and right before her eyes — plop — down drops a mamba out of the tree.

Snakes don't bother me. I was walking back to the house after we made a big fuss over the puffadder and a grasshopper hopped up on my shoulder. Poor grasshopper, I let out such a yell he almost died of fright.

SISTER M. ANNETTE, R.N., *Kokofu Leprosarium, Ghana, W. Africa*

AFRICA Tribal Gifts for Baby

The Gfoeller's* baby, a beautiful girl, weight—6 lbs. 8 oz., arrived at 3:00 a.m. on May 26th. She was baptized "Mary" in our chapel (and not the parish church) on May 29th, at 5:00 p.m. This was so that Margaret, her sister, and her twin brothers could be present.

The student nurses presented the baby with all the tribal gifts given at birth, a sponge, soap, towel, hairbrush, loin beads and two lovely miniature native dresses. They showed Mrs. Gfoeller how to put the beads around the legs and abdomen. One of the Dutch nurses from New Drobo was the sponsor.

After the christening we had our May procession and crowning by the student nurses. They entered into the spirit wholeheartedly—even made a train for the girl who crowned Our Lady.

SISTER M. GREGORY, M.D., *Holy Family Hospital, Berekum, Ghana*

*Dr. J. Gfoeller and his family, from Cleveland, Ohio, are working at the hospital, in Berekum.

NORTH EAST SOUTH WEST NORTH EAST SOUTH WEST

1960 Departures

NORTH EAST SOUTH WEST NORTH EAST SOUTH WEST

To Africa

Sister M. Colette (Costello), R.N., Cleveland, Ohio

Sister M. Malachy (Coughlin), R.N., Union City, N. J.

Sister M. Marcella (DuBrul), M.D., Cincinnati, Ohio

To India

Sister M. Adelaide (Orem), B.A., Washington, D.C.*

Sister M. Alicia (Demonteverde), B.S.N., Iloilo, Philippine Islands

Sister M. Anastasia (Doran), R.N., Jordan, N. Y.*

Sister M. Eileen (Castellini) B.S.N., Cincinnati, Ohio

Sister M. Nathaniel (Reilly), M.Ed., Augusta, Maine*

"The nations are waiting for you. With the gentleness of the message of Christ, bear the secret of true peace and of tranquil progress. Holy Church has received the universal command from her founder to go to all nations, to unite them in one sole family; and no human form, no difficulty, no obstacle can weaken her missionary spirit."

John XXIII—To Missionaries.

* Sisters returning to mission.

NORTH EAST SOUTH WEST NORTH EAST SOUTH WEST

To Pakistan

Sister M. Cleophas (Lasche), B.S.N., Cascade, Iowa

Sister M. George (Johnson), R.N., Minneapolis, Minn.*

Sr. Marie Goretti (Travaline), B.S.N., Collingswood, N.J.

Sister M. Petra (Fell), B.S.N., Council Bluffs, Iowa

Sister M. Renee (Roache), B.S.Pharm., Brooklyn, N. Y.*

Sr. M. Stanislaus (Ponewcznski), Clifton, N.J.

To South Vietnam

Sister M. Brendan (Burke), B.S.N., Ft. Lauderdale, Florida

Sister M. Germaine (Skram), St. Joseph, Missouri

Sister Maria Fe (Sobrevega), B.S.Pharm., Iloilo, Philippine Islands

Sister M. Karen (Gossman), R.N., Louisville, Kentucky

Sr. M. Marguerite (Garceau), B.A., Quebec, Canada

Sister M. Raymond (Dion), B.A., Quebec, Canada

Sister M. Virginia (Sayers), M.D., Toledo, Ohio

"The Mission of the Church is a mission of all its members to all peoples and to all times, each doing his or her part according to their state in life." Send, or help send, one of these Sisters in your name. Each Sister needs at least $500 for her passage . . .

MEDICAL MISSION SISTERS, Philadelphia, Pa.

I enclose $_____ to help pay the passage of one Medical Mission Sister to her mission post.

My name _____

Street _____

City _____ Zone_____ State_____

AUGUST 15 1960

PROFESSIONS

On August 15th, the feast of Our Lady's Assumption, in Philadelphia, thirteen Sisters pronounced their Vows, just before receiving Holy Communion. The Rev. Thomas Duffy, C.S.C., was the Celebrant of the Mass; the Most Rev. Francis McSorley, O.M.I., of Jolo, Philippine Islands gave the sermon. The following made First Vows:

Sister M. Ancilla (Kennedy), Derby, Connecticut

Sister Bernard Marie (Nussbaum), Toledo, Ohio

Sister M. Consuelo (Rellin), Cotahato, Philippine Islands

Sister M. Fides (Copiaco), Manila, Philippine Islands

Sister Julie Marie (Westerman), Toledo, Ohio

Sister Loyola Marie (Strozik), Syracuse, N. Y.

Sister Marietta (Andring), River Rouge, Michigan

Sister Michael Ann (Schaaf), Minneapolis, Minn.

Sister Miriam Paul (Hanna), Louisville, Ky.

Sister Peter Marie (Hogan), Philadelphia, Pa.

Sister M. Pia (Santiago), Manila, Philippine Islands

Sister M. Sylvia (Strahler), Suffield, Ohio

FINAL PROFESSIONS

In South America

Sister M. Marina (Grace), Chester, Pa.

Sister M. Mercedes (Horcher), Philadelphia, Pa.

Sister M. Assumpta (O'Sullivan), New York, N.Y.

In Pakistan

Sister M. Cecilia, (Inigo), Mandaluyong, Philippine Islands

In Philadelphia

Sister M. Isidore (Bollich), Eunice, La.

In India

Sister F. Dominic Marie (Vetipappallil), Cape Comorin, India

Sister M. Francis Xavier (Namchu) Darjeeling, India

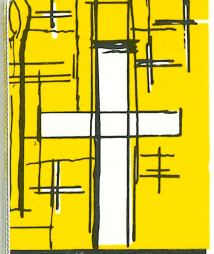
Silver Jubilee

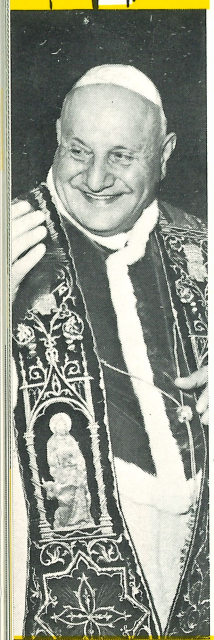
"Well, Sister, how do you feel after 25 years in the missions and never returning home?"

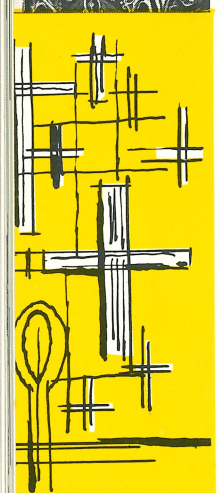
"I never felt better in my life!" Thus spoke Sr. M. Stephanie, Superior of our A.A.J.M. village hospital in Thuruthipuram, Kerala, S. India, on August 15th when she celebrated her Silver Jubilee of Profession.

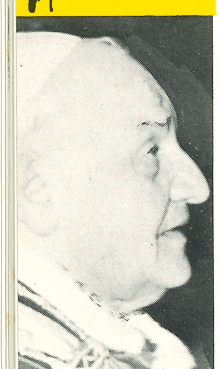
Sr. Stephanie came to our Society back in 1933 from Oberhausen, Germany. After her profession, in 1935, Sister was assigned to Holy Family Hospital, Rawalpindi, India, (now Pakistan) and since then for 25 years without interruption, Sr. Stephanie has nursed the sick, delivered thousands of babies, taught native midwives, fed the hungry, clothed the naked, pioneering in our mission hospitals from the top to the bottom of India.

Everybody calls me '*Amma*', Mother, says Sr. Stephanie, and indeed Sister has always given herself completely to the poor sick who came to her. Her whole 25 years has been taken up with their joys and sorrows, their solicitations and sicknesses. 'Mother', she is to them—always figuring out some way to help them—whether it be planning a new job for them, making a new sari for their wedding, or even scolding them for their own good.









THE ECUMENICAL COUNCIL

WE ARE THE CHURCH

SISTER M. CUTHBERT, M. A.

Pope John XXIII has called an Ecumenical Council, that is a council to which representatives of all the ecclesiastical provinces of the world are invited, the missionary world as well as those countries where the Church is already firmly established.

Such Councils have been held on an average only once in a century in the life of the Church. Their object has always been to maintain, defend or reassert the unity of the Church. Three of them have been concerned especially to reunite Greek-liturgy and Latin-liturgy Christians in peace and charity under the Holy See. Most of them have worked for the reunion of heretics with Catholics in the true faith. All of them have been called to deal with problems that present a challenge and crisis for the whole Church.

On what does the success or failure of a Council depend? The Holy Spirit is with the Church in her Councils and will never fail her in grace and wisdom and strength. However, God wills to make the success of a Council, like so many things in the redemption of the world, dependent on the human element in the Church. This human element does not include only the Hierarchy or those who attend the Council—WE ARE THE CHURCH.

We are the Church, and the Fathers of the Council represents us, the living, *praying*, working members of the Mystical Body. We are not called on to assist in their deliberations nor vote nor make decisions. Yet unless the voice of the Council expresses love and care and desire for union and unity that really exist in the everyday life of the whole Church, it is a dead voice without the breath of life and the force of a vital heart-beat behind it.

The success of the Council depends on the aspirations and desires and genuine charity of the whole Church and WE ARE THE CHURCH.

WHITE ELEPHANT

Sister M. Raphael, B.S.Pharm.

Before ever coming to Berekum, someone said: "Oh, you're going to Berekum, where they shot the elephant recently," and another person told us there were lots of elephants in that district. Despite these remarks and a few scattered reports of wild elephants in the area (one was shot last month in a neighboring village), we settled down to a quiet life with relatively few elephants —actually none at all except our own elephant—a white one.

Our elephant is big and white and shiny and stubborn. It was made possible through the kindness of our friends at home, and it was intended to act as a refrigerator.

Getting a refrigerator in Africa is slightly different from having one installed in New York City or even Smithville. Here you buy your frig in the nearest city. It is packed for you, and that is all. You have to arrange transportation the next hundred miles, and on arrival, uncrate it, install it, after figuring out the several sheets of instructions.

One of the Sisters knew all about refrigerators that operated by pilot light, her family has a gas one: the tiny blue flame would be familiar. Not at all. This refrigerator has a kerosene burner large enough to cook a dinner on, and at night lights up the whole room. The several animals that have come and gone around here, all love that flame. The monkey on arrival made a beeline for the frig and sat hunched up, just staring at the flame. Our hens also liked the light of the burner, and some of them no doubt considered nesting under the refrigerator. But we discouraged their coming into the dining room. However, we soon found out it was a temperamental machine. It would run only for a few weeks, in a half-hearted fashion. The ice unit would not ice. Well, that was all right with us. After all, we principally wanted a cooler for preserving and protecting our food. It would operate on this compromise several weeks, then go up in smoke. Smoke would pour from the little chimney and leave a black spot

on the ceiling, and soot on all the furniture, before Kojo could run over to the dispensary to tell Sister "ice on fire."

After the fire was put out Sister would roll up her sleeves and clean the burner and glass chimney, and the wick, and flue, and the baffle. Then she would light it again and wait. It would do one of two things; start smoking again, or burn beautifully, flawlessly, but without cooling. Off it would be turned again and for the hundredth time the community would go over the instruction sheets. Its balance was checked, no drafts, clean kerosene, adjustment of the baffle in the chimney, etc. The sheets seemed to hint that the secret of success lay in the baffle. And how many times it was changed! Shortened, lengthened, shortened, etc., etc. . . . . Then unexpectedly the refrigerator would begin to cool, and by that time Sister could not remember whether the last operation had been the lengthening or shortening of the baffle.

Before Christmas it stopped working and all our ingenuity was exhausted before we finally admitted that this time it must be dead. When in Kumasi Sister inquired of the possibility of getting someone to come out and service the machine. "Oh no, that could not be done. Just pack it up, and send it back in to the shop." Sister's expression must have showed her surprise. "You saved the crate, didn't you?" the clerk demanded. No, of course we had not saved the packing case. One does not expect to send a frig in for repairs, that is, if it is the first time one has bought a refrigerator in the tropics. We made shelves with some of the boards, and a splint for the fractured leg of the young man, the night of the lorry accident.

Before "just sending it back to Kumasi," we made one more attempt. The instruction sheet cautiously mentioned that if all other measures fail, the machine could be gently shaken, and even turned over on its side!! Sister M. Paula gently shook it, and with the help of the cook, turned it over on its side. It did not work. On re-reading the company's advice, we could almost read between the lines that their engineers would have to stand it on its head to fix it. So we stood it on its head! And it worked! In the glory of the triumph, Sister pulled out the baffle, the refrigerator worked! We are now working on a revised set of instructions—shorter than the original.

R. I. P.

Please pray for our benefactors recently deceased:

Rt. Rev. Msgr. Vincent L. Burns, Phila., Pa.
Rev. F. J. Frazer, Philadelphia, Pa.
Sister M. Reginald, R.S.M., Syosset, N.Y.
Mr. Arthur Devine, Queens Village, N.Y.
Mr. John DeFreytas, Queens Village, N.Y.
Miss Mary Gracie, Washington, D.C.
Mr. John P. McGinnis, Troy, N.Y.
Mr. John B. Harmon, Catonsville, Md. (father of Sister M. Leonard, S.C.M.M.)
Mr. Karl Kohler, Altoona, Pa.
Mr. Charles E. McCafferty, Bustleton, Pa.
Mr. James H. McCafrey, Eileen McCafrey, Stephen and Thomas McCafrey, Dallas, Tex. (family of Sr. M. Laboure, S.C.M.M.)
Mr. Frank Shea, Garden City Park, N.Y.

The GYPSY

Sister M. Bernadette

It is me . . . a missionary from God's little country, Hungary, where the Danube used to be blue, but now it is red from the blood of many martyrs . . . those whom we gave to God for sacrifice . . . our heroes, that this devilish Communism may stop, and God and Our Lady may reign in our country. In the old times, peace, work, joy, and the gypsy melody used to be our daily bread. There, the mothers used to teach their children the virtues and love of God which have gone out of this modern world; where mothers like mine used to sit and tell us stories; in front of the house . . . .

Yes, she used to tell us about other countries where missionaries go out to teach people to love God, and our Blessed Mother . . . My brother and I used to listen to our mother with great attention. No doubt, God talks a vocation into our souls and hearts through our mothers. Even if they don't realize it themselves, because each vocation requires a sacrifice and we all shrink . . . until we make one, and then its joy stays with us until the end of our lives.

After the usual stories one day, she told us to collect silver paper, used stamps, and orange peels, because a Franciscan Father from our town was going to China, and he would take these things to his mission.

We never know when the beauty of a missionary vocation is born in us, or takes fruit in us. One Christmas, mother gave me two baby dolls; one was black and the other white. I played with the little black one mostly, and now, after twenty years in the missions, I have the real, living "Chocolate Drops" in my arms in the dispensary.

Going back to my story, my brother and I collected all of the silver paper and stamps, for which we cut up our mother's old love letters, and the orange peels, which were hard to get, because oranges were a delicacy in Hungary. We managed to put all into a big basket, and we hastened with it to the Franciscan monastery. The Father welcomed us with a smile, and my brother said to him: "Be sure, Father, that you take all of these to China with you!" "Do you want to come too?" he asked me. "No, thank you," I said, "just take our silver paper . . ."

Yet, I must say I could not sleep very well that night. I thought about how one would start off to be a missionary. I could not tell my secret to anyone, only I wanted to hear more about missionaries, and more about China, Africa, Japan, and the other mission fields. My brother was going to the military academy, so his life was already dedicated to our land, but I, free, the gypsy, I wanted to start off for the far lands, but no star was there to show

the way. I went to the church when the Father gave his last sermon before going off to the missions, and there in the corner of the church I cried. Yet, I could not explain what was going on in my heart. Maybe it was really God Who was speaking to me, and I was blind, and deaf to Him, but still, I felt that I should do more than cry.

Coming out of the Church, one of my girl friends told me that she was going to join the Medical Mission Sisters in London. "Could I go with you?" I said in haste. "Of course not," she said, "you have to know English, you would need some money." She had all kinds of reasons why I could not go. I went back to the church. "Dear God," I said, "do You want me or not, a gypsy? I have nothing but a little money, I know no special trade, only I have a heart to give to You. Help me to go to the missions."

It was hard those days, because I never liked to keep secrets from my mother, and she noticed that something was troubling me.

One evening I made up my mind to open my heart to her. "Mother, would you like to have a missionary daughter?" I started slowly, but the color in my face heightened, as I waited to hear what she would answer.

"I think you have been in dreamland since that Franciscan Father left for China, so don't live in the clouds, but come down to earth. You can go to the dance tonight, your friends are coming," she told me.

Well, that is that, I thought. Goodbye to India, China, or Japan. So I went to the dance. Late in the evening, one boy told me that this was his last dance, because he was going to become a priest.

"How did the idea begin in your heart," I asked, "or do you have to feel something very special in your heart when God calls you to become a priest?" I asked that poor boy many questions, but he just answered, "God calls you . . . that is all."

The next day I told my mother, "God is calling me."

"Please make up your mind not to make fun of religious vocations," she said. So I went to visit a Jesuit Father, and I told him that I would like to be a missionary. He gave me our magazine and he told me to go and try it. At supper I told my mother that I was really going to try to be a missionary, and go to England for it.

"If God wants you, I will be very happy," she said, "but I'm sorry that you have to go so far," and tears were in her eyes.

I really don't know how it happened, but in no time I found myself in London. I had a hard time learning English! During the Novitiate I felt God still calling me. The gypsy and I were on the road now, I must not look back. Yes, the gypsy kept on going: London, America, India, and only in Pakistan have I put up my tent the longest. Here I have been 20 years with the people whom I love, and even though I had to learn their language, it has been a joy to understand and know them. Yes, my joy is great. God guided me through strange people and gave me a desire to love them and to make them think of their Eternal End . . . Heaven.

I feel very happy with the Kashmiris, or Punjabis, or with the real gypsies along the roadside. When they camp around our hospital, I always want to make them understand that I am one of them, a gypsy.

MISSION BOOKS

Sister M. Fabian, B. A.

THE CHURCH AND THE NATIONS:

A study of minority Catholicism in fourteen countries, from England to Brazil, edited by Adrian Hastings. Sheed & Ward, New York, 1959. $4.75.

This collection of studies on the Church has much to contribute in many quarters. One of the primary objects is to bring to light the position of the Church in predominantly non-Catholic, and often even non-Christian, countries, and the degree of integration of the Catholic in the culture of his land. To do this, the editor chose writers from a widely different group of countries, where Catholicism is definitely in the minority position, such as England, the United States, Vietnam, Japan, and Southern Africa.

For too long the dictum that the Catholic faith and Europe are one and the same, has gone uncontradicted. In this very fine study, Catholicism is shown as the truly universal religion Christ meant it to be, and which it must be if it is to be true.

DUST ON MY TOES. Stories of people far and near. By Sister Maria Del Rey. Charles Scribner's Sons, New York, 1959. $3.50.

Sister Maria Del Rey turns her skill once more to tales of fourteen Maryknoll Sisters, and their adventures in lands "far and near." A fine mixture of joy and sorrow, the tragic and the humorous, spanning the world from New York to Brazil to the Far East, the tales will be enjoyed by young and old alike. The life of a missionary can be an adventurous one at times, and Sister Maria Del Rey shows just how.

THE SPIRIT'S PILGRIMAGE, by Madeleine Slade. Coward-McCann, New York, 1960. $5.75.

Who could guess that the pampered daughter of a Royal Naval officer in India, moving in glittering Vice-Regal society, the London debutante, the English girl of family and position, would become Mira behn, the faithful disciple of Mahatma Gandhi? And yet, this is the story of Madeleine Slade, as told in her autobiography.

Miss Slade's search for something more enduring led her to join one of Gandhi's Ashrams, and to devote her life to the teachings of the Mahatma. An unusual and well-written autobiography, it throws much light on the life of Gandhi also.

BUDDHISM IN CHINESE HISTORY, by Arthur F. Wright. Stanford University Press, Calif., 1959. $3.75.

Through a concise history of the origin and development of Buddhism in China, Dr. Wright points out the very basic connection between religious belief and cultural patterns. Of special interest is a concluding chapter which deals with Buddhism in present day China, its fate under Communism, and the possible remnants which may survive in literature and language.

Mary in the Gospels

Now it came to pass in those days, that there went forth a decree from Caesar Augustus that a census of the whole world should be taken . . . and all were going, each to his own town, to register. And Joseph also went from Galilee out of the town of Nazareth into Judea to the town of David, which is called Bethlehem . . . to register, together with Mary his espoused wife . . .

Luke 2:1-5

(One of a series)